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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**



Declaration
Submitted
With Initial
Filing

OR



Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

930-001

First Named Inventor

Leighton M. Ige

COMPLETE IF KNOWN

Application Number

TBA

Filing Date

September 19, 2003

Art Unit

TBA

Examiner Name

TBA

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CHAIR FOR HEALTHY SITTING

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number: <input type="text"/>				OR <input checked="" type="checkbox"/> Correspondence address below	
Name WARD & OLIVO					
Address 708 THIRD AVENUE					
City NEW YORK		State NEW YORK		ZIP 10017	
Country UNITED STATES		Telephone (212) 697-6262		Fax (212) 972-5866	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) LEIGHTON MAKOTO				Family Name or Surname IGE	
Inventor's Signature <i>Leighton M. Ige</i>				Date 9/18/2003	
Residence: City NEEDHAM		State MA		Country USA	
Citizenship USA					
Mailing Address 1735 GREAT PLAIN AVENUE					
City NEEDHAM		State MA		ZIP 02492	
Country USA					
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) CHARLES YOSHIO				Family Name or Surname SAIKI	
Inventor's Signature <i>Charles Y. Sasaki</i>				Date 9/15/03	
Residence: City AIEA		State HI		Country USA	
Citizenship USA					
Mailing Address 99-1011 Lalawai Drive					
City AIEA		State HI		ZIP 96701	
Country USA					
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.					

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (10-00)
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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	TBA
Filing Date	September 19, 2003
First Named Inventor	Leighton M. Ige
Group Art Unit	TBA
Examiner Name	TBA
Attorney Docket Number	930-001

I hereby appoint:

☐ Practitioners at Customer Number →

Place Customer
Number Bar Code
Label here

☒ Practitioner(s) named below:

Name	Registration Number
John W. Olivo, Jr.	35,634
John F. Ward	33,811
David M. Hill	46,170

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☒ Firm or
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Ward & Olivo

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State New York

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Telephone (212) 697-6262

Fax (212) 972-5866

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Charles Y. Saiki

Signature

Charles Y. Saiki

Date

9/15/03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

Please type a plus sign (+) inside this box → ☐

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Ward & Olivo				
Address	708 Third Avenue				
Address					
City	New York	State	New York	Zip	10017
Country	U.S.A.				
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SIGNATURE of Applicant or Assignee of Record

Name	Leighton M. Ige
Signature	<i>Leighton M. Ige</i>
Date	9/18/2003

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